


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW YORK SPIEGEL INC., ET AL. CLAIMS PROCESSING P.O. BOX 5129, BOWLING GREEN STATION NEW YORK, NY 10274-5129		PROOF OF CLAIM	
In Re: <div style="text-align: center;">Spiegel Inc, et al., Debtors.</div>	Chapter 11 Case Nos. 03-11539(CB) thru 03-11558(CB) (Jointly Administered)	Filed: USBC - Southern District of New York Spiegel, Inc., Et Al. 03-11540 (CB) 0000004248	
Name of Debtor Against Which Claim is Held SPIEGEL, INC.	Case No. of Debtor Case No: 03-11540 (CB)		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</p> <p><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</p> </div> <div style="width: 50%; text-align: center;"> <p>Your claim is scheduled by the Debtor as:</p> <p>\$0.00 UNSECURED UNLIQUIDATED DISPUTED</p> </div> </div>	
Name and address of Creditor : SPI (MERGE.DBF,SCHED_NO) SCHEDULE #: 540007800***** JACQUELINE J. JOHNSON 10305 S. BENSLEY CHICAGO, IL 60617		Telephone number: <u>773 374-7581</u>	
Account or other number by which creditor identifies debtor:		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Discrimination</u> (explain)		<input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: <u>349 58 8506</u> Unpaid compensation for services performed from <u>8-23-02</u> (date) to <u>Present</u> (date)	
2. Date debt was incurred: <u>8-23-02</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ _____ + _____ (unsecured nonpriority) + <u>100,000.00</u> (unsecured priority) = <u>100,000.00</u> (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>100,000.00</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries or commissions (up to \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
6. Unsecured Nonpriority Claim: \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		THIS SPACE IS FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;"> RECEIVED OCT 15 2004 CLAIMS PROCESSING CENTER USBC, SDNY </div>	
10 Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		Date: <u>9-16-04</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Jacqueline J. Johnson</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

To: United States Bankruptcy Court
Southern District of New York
Bowling Green Station
P.O. Box 5129
New York, NY 10004-5129

From: Jacqueline Johnson
10305 S. Bensley Ave.
Chicago, Illinois 60617
773 374-7581

Re: SPIEGEL, INC., et al., debtors in Chapter 11 Case No. 03-11540 (CB) (Jointly Administered)

EXPLANATION OF WHY DOCUMENTS ARE NOT AVILABLE

To Whom It May Concern:

I, Jacqueline Johnson am the named creditor in this Bankruptcy filed by the above named Debtors.

I would like to begin be saying this is my first time receiving notice of this bankruptcy filed by the above debtors. I, have filed a Complaint and or Law Suit against the above-mentioned debtors, for reasons of discrimination, these complaint were and are filed with (EEOC) The Equal Opportunity Commission. I the creditor have the right under this charge to file a Right To Sue. I, the creditor have all intentions on filing a formal law suit against the above mentioned debtors, to protect any rights I have to claim.

The debtors have committed discrimination against creditor based on retaliation and Coercion, in violation of the ADA and Title VII. I am filing this claim as a result of that violation.

The remedies for violations of the statutes the (EEOC) enforces are designed to make the identified victims whole and to provide corrective and preventive relief. These remedies may include an agreement by the debtors to cease engaging in unlawful employment practices, placement of identified victims in the positions they would have held but for the discriminatory action, back pay, restoration of lost benefits, injunctive relief, compensatory and/or punitive damages, and notice to employees of the violation and the resolution of the claim.

The first (Board of Education) party of the suit has been found in violation of the Americans with Disabilities Act of 1990 (ADA) and Title VII of the Civil Rights Act of 1964, as amended (Title VII) for coercion, creditor is awaiting the decision on the second party (Spiegel Inc. et al) in this violation and/or the right to sue.

Estimation of Loss Wages,

\$40,320.00 for two years of lost pay.

\$60,000.00 for lost benefits, compensatory and punitive damages. Attached is a copy of the Determination.

Sincerely Yours, Jacqueline Johnson



Name of Debtor <p style="text-align: center;">Eddie Bauer, <i>Spiegel Inc Etal</i></p>		Case Number <p style="text-align: center;">03-11547</p>	PROOF OF CLAIM
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <p style="text-align: center;">Skagit County, a political subdivision of Washington State</p>		<div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. </div> <div> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court on this case. </div> <div> <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. </div> </div>	
Name and Address Where Notices Should be Sent Skagit County Treasurer c/o Linda Patterson P.O. Box 518 Mount Vernon WA 98273 Telephone No. 360-336-9350		THIS SPACE FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor: P119035			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. BASIS FOR CLAIM <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Goods Sold</div> <div style="width: 50%;"><input type="checkbox"/> Services Performed</div> <div style="width: 50%;"><input type="checkbox"/> Money Loaned</div> <div style="width: 50%;"><input type="checkbox"/> Personal Injury/Wrongful Death</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Taxes</div> <div style="width: 50%;"><input type="checkbox"/> Other:</div> </div> </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number: Unpaid compensations for services performed from _____ to _____ </div> </div>			
2. DATE DEBT WAS INCURRED: 4/30/2002		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. Total Amount of Claim at Time Case Filed: \$689.82 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. (SEE ATTACHED LIST)			
5. Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: Value of collateral: <u>\$51,922.00</u> Amount of arrearage and other charges at the time case filed included in secured claim above, if any: \$689.82		6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to be priority: Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 570(a) *Amounts are subject to adjustments on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;"> <div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">OCT 15 2004</div> <div style="font-size: 0.8em; font-weight: bold; margin-top: 5px;">CLAIMS PROCESSING CENTER USBC, SDNY</div> <div style="text-align: right; font-size: 0.6em;">4</div> </div>	
8. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of the proof of claim.			
Date: October 6, 2004	Sign and print the name and title, if any, of creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <p style="text-align: center;"><i>Linda Patterson, Skagit County Treasurer</i></p>		

ACCOUNT NUMBER

8033

P119035

85208

2004

**KEEP
THIS
PORTION**

BRING ALL PARTS WHEN PAYING IN PERSON
(105016)

EDDIE BAUER INC
C/O TAX DEPT
PO BOX 97014
REDMOND WA 98073-7194

EQUIPMENT AND SUPPLIES 220 FASHION
WAY BURLINGTON WA 98233 WITH LC 0905

CURRENT TAX DISTRIBUTION		
State Levy		144.59
Local School SD100		251.83
County		93.46
City or Road		104.77
Port Dist. P02		6.06
Fire Dist.		0.00
Hospital H304		22.94
Other		0.00
Cemetery		0.00
Dike		0.00
Drainage		0.00
Conservation Futures		3.02
		0.00
TOTAL CURRENT TAX		626.67

First half must be paid or post-
marked by April 30th or **FULL TAX**
BECOMES DELINQUENT
AND PAYABLE with interest
plus penalty.
Second half tax becomes delinquent
after OCTOBER 31st.

SEE REVERSE SIDE FOR
MOBILE HOME EXCEPTION.

TAX OF LESS THAN \$50.00
MUST BE PAID IN FULL

CURRENT TAX INFORMATION	
Assessed Value	51,922
TOTAL VALUE	51,922
Levy Code 0905	
Levy Rate 12.0694	
Voter Approved Tax	264.91
Non Voter Approved Tax	361.76
General Tax	626.67
Special Assessment	0.00
Less Exemption (if any)	0.00
Late Filing Penalty %	0.00
TOTAL CURRENT TAX	626.67

OTHER TAX INFORMATION

YEAR	INT./PEN.	TAX
2003	10/04 114.97	574.85

NO SALE WITHOUT PREPAYMENT OF TAX
INCLUDING ADVANCE TAX PER R.C.W.84.56.070

PERSONAL PROPERTY TAX

ACCOUNT NUMBER

8033

P119035

85208

2004

MAILED PAYMENTS MUST BE POSTMARKED BY THE DUE DATE
TO AVOID INTEREST.

DELINQUENT PAYMENTS RECEIVED WITHOUT INTEREST AND
PENALTY WILL BE RETURNED.

CALL (360) 336-9350 FOR DELINQUENT TAX, INTEREST AND
PENALTY DUE.

FOR CREDIT CARD PAYMENTS SEE BACK.

SEE REVERSE SIDE FOR MOBILE HOME EXCEPTION.
PLEASE MAKE ADDRESS CHANGE ON BACK

EDDIE BAUER INC
C/O TAX DEPT
PO BOX 97014
REDMOND WA 98073-7194

KATIE JUNGQUIST

MAKE REMITTANCES PAYABLE TO:
SKAGIT COUNTY TREASURER
P.O. BOX 518
MOUNT VERNON, WASHINGTON 98273

SECOND PAYMENT

DETACH THIS PORTION AND
MAIL WITH YOUR PAYMENT
Your cancelled check is your receipt

TAX TYPE	TAX YEAR	INTEREST/PENALTY THRU: 10/04	SECOND HALF TAX
Current	2004		

* SECOND HALF 2004 TAX ONLY *

DUE OCTOBER 31, 2004

PERSONAL PROPERTY TAX

ACCOUNT NUMBER

8033

P119035

85208

2004

MAILED PAYMENTS MUST BE POSTMARKED BY THE DUE DATE
TO AVOID INTEREST.

★ First half of 2004 tax must be paid by April 30th or ENTIRE TAX
BECOMES DELINQUENT AND PAYABLE IN FULL

CALL (360) 336-9350 FOR DELINQUENT TAX, INTEREST AND
PENALTY DUE.

FOR CREDIT CARD PAYMENTS SEE BACK.

SEE REVERSE SIDE FOR MOBILE HOME EXCEPTION.
PLEASE MAKE ADDRESS CHANGE ON BACK

EDDIE BAUER INC
C/O TAX DEPT
PO BOX 97014
REDMOND WA 98073-7194

KATIE JUNGQUIST

MAKE REMITTANCES PAYABLE TO:
SKAGIT COUNTY TREASURER
P.O. BOX 518
MOUNT VERNON, WASHINGTON 98273

FIRST PAYMENT

DETACH THIS PORTION AND
MAIL WITH YOUR PAYMENT
Your cancelled check is your receipt

TAX TYPE	TAX YEAR	OMIT YEAR	INTEREST/PENALTY THRU: 10/04	FULL TAX	★ HALF TAX
Current	2004			626.67	

DELINQUENT OR OMIT			DELINQUENT TAX	DELINQUENT TOTAL
DELIN- QUENT OR OMIT	2003		574.85	689.82
		114.97		

BANKRUPTCY # 03-11547

FIRST HALF 2004 DUE APRIL 30

Attachment A

**SKAGIT COUNTY HOLDS A SECURED FIRST
PRIORITY LIEN POSITION UNDER
WASHINGTON STATE LAW RCW 84.60.010, priority of
tax liens, which reads as follows:**

*All taxes and levies which may hereafter be lawfully imposed or assessed shall be and they are hereby declared to be a lien respectively upon the real and personal property upon which they may hereafter be imposed or assessed, which liens shall include all charges and expenses of and concerning the said taxes which, by the provisions of this title, are directed to be made. The said lien shall **have priority** to and **shall be fully paid and satisfied** before any recognizance, mortgage, judgment, debt, obligation or responsibility to or with which said real and personal property may become charged or liable.*

This claim will include interest and penalties, in addition to the principal amount, when due. Interest will accrue at the rate of 12% per annum and penalties will be incurred per RCW 84.56.020.

Please list our lien and make payments accordingly.

NOTE TO DEBTORS ATTORNEY:

Under Washington State Law, RCW 84.56.050, we are required to send out yearly notices of all taxes owed within our county. Refer to the attached statement for the current mailing address we have on our tax roll records. If changes need to be made, please address them in writing to Skagit County Treasurer P O Box 518 Mount Vernon WA 98274 or e-mail us at: treasurer@co.skagit.wa.us.